

INCIDENT OBJECTIVES	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
4. OPERATIONAL PERIOD (DATE/TIME)			
5. GENERAL OBJECTIVES FOR THE INCIDENT (AND ALTERNATIVES)			
6. WEATHER FORECAST FOR OPERATIONAL PERIOD			
7. GENERAL SAFETY MESSAGE			
8. ATTACHMENTS (CHECK IF ATTACHED)			
<input type="checkbox"/> ORGANIZATION LIST (IMS 203) <input type="checkbox"/> CHART _____			
<input type="checkbox"/> ASSIGNMENT LIST (IMS 204) <input type="checkbox"/> INCIDENT MAP _____			
<input type="checkbox"/> COMMUNICATIONS PLAN (IMS 205) <input type="checkbox"/> OTHER _____			
IMS 202	PREPARED BY:	APPROVED BY:	

ORGANIZATION LIST (IMS 203)		1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
POSITION NAME 5. INCIDENT COMMAND AND STAFF		4. OPERATIONAL PERIOD (DATE/TIME)		
INCIDENT COMMAND		10. OPERATIONS SECTION		
DEPUTY		CHIEF		
SAFETY OFFICER		DEPUTY		
INFORMATION OFFICER		STAGING AREA		
LIAISON OFFICER		LABOR POOL		
6. AGENCY REPRESENTATIVES		a. BUSINESS CONTINUITY BRANCH		
AGENCY	NAME	DIRECTOR		
		SERVICE ACCESS		
		RECORD PRESERVATION		
		BUSINESS RELOCATION		
7. PLANNING SECTION		b. PLANT & UTILITIES BRANCH		
CHIEF		DIRECTOR		
DEPUTY		TELECOMMUNICATIONS		
RESOURCES UNIT		PATIENT CARE SYSTEMS		
SITUATION UNIT		POWER/LIGHT		
DOCUMENTATION UNIT		HEATING/COOLING		
DEMOBILIZATION UNIT		WATER/SEWER		
		BUILDINGS/ROADS		
8. LOGISTICS SECTION		c. SAFETY & SECURITY BRANCH		
CHIEF		DIRECTOR		
DEPUTY		ALERTING/WARNING		
a. SUPPORT BRANCH		HAZMAT CONTROL		
SUPPLY UNIT		FIRE SUPPRESSION		
FACILITIES UNIT		SEARCH AND RESCUE		
TRANSPORTATION UNIT		SECURITY		
b. SERVICE BRANCH		d. HUMAN SERVICES BRANCH		
COMMUNICATIONS UNIT		DIRECTOR		
FOOD UNIT		MEDICAL CARE		
MEDICAL UNIT		PATIENT RELOCATION		
9. FINANCE SECTION		SHELTERING		
TIME UNIT		OUTREACH/HOME HLTH		
COST UNIT		MENTAL HEALTH		
PROCUREMENT UNIT		ENVIRONMENTAL HEALTH		
COMPENSATION/CLAIMS		FATALITIES MGMT		

1. SECTION/BRANCH:		2. GROUP/UNIT:		ASSIGNMENT LIST (IMS 204)	
3. INCIDENT NAME			4. OPERATIONAL PERIOD (DATE/TIME)		
5. OPERATIONS PERSONNEL					
OPERATIONS CHIEF _____		BRANCH DIRECTOR _____			
DEPUTY CHIEF _____		GROUP SUPERVISOR _____			
6. RESOURCES ASSIGNED THIS PERIOD					
RESOURCE DESIGNATOR:	LEADER	NUMBER PERSONS	TRANSPORT NEEDED?	COMMO TYPE/ CHANNEL	LOCATION
7. TACTICAL OPERATIONS:					
8. SPECIAL INSTRUCTIONS:					

INCIDENT BRIEFING (IMS 201)	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
<p data-bbox="729 220 940 252">4. MAP SKETCH</p>			
PAGE ____	PREPARED BY:		

5. SUMMARY OF CURRENT ACTIVITIES

[illegible]

GENERAL MESSAGE (IMS 213)			
TO:		POSITION:	
FROM:		POSITION:	
SUBJECT:		DATE:	TIME:
MESSAGE:			
SIGNATURE/POSITION:			
REPLY:			
DATE:	TIME:	SIGNATURE/POSITION:	

[illegible]

[illegible]